



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PORTER REGIONAL HOSPITAL

City of Hospital: Valparaiso

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Sarah Keane

Email Address: sarah.keane@porterhealth.com

Medicare Provider Number: 15-0035

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$734805011
Outpatient Patient Service Revenue	\$765751721
Total Gross Patient Service Revenue	\$1500556732

2. Deductions From Revenue

Contractual Allowance	\$1161756143
Other Deductions	\$0
Total Deductions	\$1161756143

3. Total Operating Revenue

Net Patient Service Revenue	\$338800589
Other Operating Revenue	\$3268355
Total Operating Revenue	\$342068944

4. Operating Expenses

Salaries and Wages	\$87429002	Employee Benefits	\$20044930
Depreciation and Amortization	\$16643927	Interest Expense	\$12378785
Bad Debt	\$33583896	Other Expenses	\$135033537
Total Operating Expenses	\$305114077		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$36954867	Total Assets	\$297034073
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$45220510

Total Net Gains	\$36954867
-----------------	------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$610269222	\$524963367	\$85305855
Medicaid	\$112576680	\$102230274	\$10346406
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$777710830	\$534562502	\$243148328
Total	\$1500556732	\$1161756143	\$338800589

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$179611	\$-179611

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$107918	\$-107918
Hospital Patients	\$0	\$326119	\$-326119
Community Education	\$0	\$495600	\$-495600

Number of Medical Professionals Trained	\$437
Number of Hospital Patients Educated	13352
Number of Citizens Exposed to Health Education Messages	214221

Statement Six: Charity Statement

Hospital Charity Charges	\$5159948
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$54592727	
HCI Payments	\$0		
Subtotal	\$0	\$54592727	\$-54592727
Medicaid Shortfalls	\$10346415	\$19842457	
Subtotal	\$10346415	\$74435184	\$-64088769
DSH Payments	\$0		
Subtotal	\$10346415	\$74435184	\$-64088769
Medicare Shortfalls	\$101331538	\$134069340	
Other Government Programs	\$0	\$0	
Total	\$111677953	\$208504524	\$-96826571

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$3980626	\$-3980626
Other Allocations	\$0	\$0	\$0

Comments

//